

(Pursuant to Town of Waterford Municipal Code Section 6.12)

License No. Granted

Waterford, Wisconsin, _____, _____
(month/day) (year)

Applicant's Phone Number _____

Consent to Disclosure

Print Full Name: _____
(first) (middle) (last)

Current Physical Address: _____

Current Mailing Address (if different from above): _____

Date of Birth: _____ Race: _____ Male Female

Social Security No.: _____

I, by signing to this application, consent to the full investigation of my background by law enforcement officials and also consent to the use and disclosure by the Town of Waterford, its elected officials, its employees and agents, of any and all information obtained in said investigation relative to my competency to be licensed for said position for which I am applying.

(Applicant's Signature)

**** FOR OFFICE USE ONLY ****

Renewal:	YES	NO	
Background Check Complete:	YES	NO	Date: _____
Town Board Approval:	YES	NO	Date: _____